STATE OF SOUTH CAROLINA				BEFORE THE						
(Caption of Case)					) PUBLIC SERVICE COMMISISON ) OF SOUTH CAROLINA					
						COVER LETTER				
					, , , , ,	DOCKET NUMBER: <i>込い</i>		2	î _ <u>A</u>	
(Plea	ise type or print	)					111			
	mitted by:	BullsEye Telecon	n, Iı	nc.		SC Bar Number:				
Add	lress:	25925 Telegraph Road, Suite 210				<u></u>	248-784-2500 248-784-2501			
		Southfield, MI	480.	33		Fax: 248 Other:	5- / <b>84-</b> 2:	501		
						·	iksnar	@b	ullseyetelecom.com	
X	Other: Aut	lief demanded in p	etit	entative Requi	est fo	OF ACTION (Check all	ımissio			
INI	DUSTRY (C	heck one)				OF ACTION (Check all		zh)		
	Electric			Affidavit		Letter			Request	
	Electric/Gas			Agreement		Memorandum			Request for Certification	
		·		Answer		Motion			Request for Investigation	
	Electric/Water			Appellate Review		Objection			Resale Agreement Resale Amendment	
	Electric/Water			Application		Petition  Petition for Personal dention			Reservation Letter	
	Electric/Water	/Sewer		Brief		Petition for Reconsideration				
	Gas			Certificate		Petition for Rulemaking Petition for Rule to Show C			Response Response to Discovery	
	Railroad		_	Comments		Petition to Intervene	ause		Return to Petition	
	Sewer			Complaint Consent Order		Petition to Intervene Out of	Time		Stipulation	
×	Telecommunic					Prefiled Testimony	THIE		Subpoena	
	Transportation	1		Discovery Exhibit		Promotion Promotion			Tariff	
	Water/Sewer		_	Expedited Consideration		Proposed Order			Other:	
	Administrative	a Matter		Interconnection Agreement		Protest		ب	Cuici.	
	Other:	o manol	_	Interconnection Amendment		Publisher's Affidavit				
	omor.		_	Late-Filed Exhibit		Report				



2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Clerk's Office South Carolina Public Service Commission Synergy Business Park 101 Executive Center Dr. Saluda Building Columbia, SC 29210

RE: BullsEye Telecom, Inc

SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of BullsEye Telecom, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Trish Kirby

Compliance Reporting Specialist

file: BullsEye Telecom, Inc - Reporting - South Carolina

TK/ms

a

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC [X]CLEC []ILEC []Wireless

		CERTIFICATED COMPAN	Y INFORMATION	
	BullsEye Telecom, Inc.			
-	Company Name			_
_	<b>,,</b>		248-784-2500	
	Dba/fka		Telephone #	_
_	25925 Telegraph Road, Suite	210		
	Mailing Address			
-	Southfield, MI 48033			
	City, State, Zip Code			
_	<u>25925 Telegraph Road, Suite 2</u> Business Location	:10		
ב	Southfield, MI 48033			
_	City, State, Zip Code		County	_
	Oity, State, Zip Code		County	
		REGISTERED AGENT I	NFORMATION	
R	legistered Agent: National Reg	gistered Agents, Inc.		
				_
N	Mailing Address: 2 Office Par	κ Court, Suite 103		
_				_
C	ity, State, Zip Code: Colun	nbia, SC 29223		
	5			
	Pursuant to the Commis	sion's rules and regulations, print	or type company contact for the following areas:	
A.	Tina Weiksnar			
	General Manager (Include add	ress if different than above.)		
	248-784-2500	/ 248-784-2501	/tweiksnar@bullseyetelecom.com	
	Telephone Number	Facsimile Number	E-mail Address	
В.	David Grivas			
	248-784-2500	nts Representative (Include address if d / 248-784-2501	Ifferent than above.) / dgrivas@bullseyetelecom.com	
	Telephone Number	Facsimile Number	E-mail Address	
C1.	David Grivas			
O1.		nts Representative for Escalated Comp	plaints (Include address if different than above.)	
	248-784-2500	/ 248-784-2501	/ dgrivas@bullseyetelecom.com	
	Telephone Number	Facsimile Number	E-mail Address	
C2.	877-638-2855			
	Customer Contact (Toll Free I	Number)		
_	<del></del>			
D.	Thomas Tisko	de address if different them about		
	248-784-2500	de address if different than above.) /248-784-2501	/ttisko@bullseyeteleom.com	
	Telephone Number	Facsimile Number	E-mail Address	
E.	,			
	Test and Repair (Include addre	ess if different than above )		
	(	/	1	
	Telephone Number	Facsimile Number	E-mail Address	

Thomas F. Tisko							
Emergencies (During non-office	hours)						
248-784-2500	/ 248-784-2501	/ ttisko@bullseyetelecom.com					
Telephone Number	Facsimile Number	E-mail Address					
tion, please provide the following	g company contact information to a	assist in proper routing of correspondence and invoices:					
David Bailey							
	ddress if different than above)						
248-784-2544	/ 248-784-2501	/ dbailey@bullseyetelecom.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Dual Party Mailings (Name) P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Interim LEC Fund Mailings (Name)							
P.O. Drawer 200, Winter F							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Universal Service Fund Mailings (Name) P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Gross Receipts Mailings (Na							
P.O. Drawer 200, Winter F	Park, FL 32790-0200						
(Mailing Address)	/ 407 740 0042	/ Heirhy@tming.com					
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com E-mail Address					
Telephone Number	Facsimile Number	E-IIIali Audiess					
Trish Kirby							
Lifeline Mailings (Name)							
P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)	/ 407-740-0613	/ tkirby@tminc.com					
407-740-8575	Facsimile Number	E-mail Address					
Telephone Number	Facsimile Number	Lamai Address					
	TECHNOLOGIES MANAGE	FACT					
Kobin Norton	TECHNOLOGIES MAINTAIN AS ATTORNEY-IN-	rom lahi Noctor					
This form was completed by (pr	int name)	Signature					
, ,, ,,	,	3-21-11					
Title	3	Date					
RETURN COMPLETED FORM	TO:						
Public Service Con	nmission of SC	Office of Regulatory Staff					
Clerk's Office		Attn: Jeanne Gordon					
Post Office Drawer	11640	1401 Main Street, Suite 900					

Columbia, South Carolina 29211

Columbia, South Carolina 29201

(Rev. PSC 11/2010)